Project SERV

Application



Fiscal Year 2002

Application Project Period: September 11, 2001 - August 31, 2002

Application Due Date: October 15, 2001

No late applications will be accepted.

Submit the application to:

- the Office of Grants Management and Development by fax only: Fax: 609-777-1051
- your county office of education



NEW JERSEY DEPARTMENT OF EDUCATION PO Box 500 Trenton, New Jersey 08625-0500

http://www.state.nj.us/education
(Select Grants; Select Entitlement Grants)



New Jersey Department of Education Project SERV Grant Application Fiscal Year 2002

| LEA: | County Name: | Project Code: SERV 02 Project Duration: 9/11/2001 – 8/31/2002 | | |
|--|--|--|--|--|
| Chief School Administrator: | Phone: | Fax: | | |
| Contact Person: | Phone: | Fax: | | |
| Address: | | E-mail: | | |
| | | Total Award Amount Requested: | | |
| | | | | |
| (Check all that apply) | Level of Impact | | | |
| | aff or students due to the attack | s on 9/11/01 or the subsequent rescue and | | |
| recovery effort. | | · | | |
| [] Eyewitness to the actual attacks on 9/ | | recovery attempts | | |
| [] Other (specify) | | | | |
| | | | | |
| | | | | |
| ASSURANCES AND CERTIFICATION The applicant hereby assures the New Je | areay Donartment of Education | that | | |
| | | A are consistent with the Improving America's | | |
| Schools Act of 1994 (IASA), the | U.S. Education Department's G | General Administration Regulations (EDGAR) and | | |
| other applicable statues, regulati | | | | |
| of funds in Project SERV. | ng to the approved application, | program plan and compliance with the stated use | | |
| | ect SERV must provide for equ | itable participation by private school students and | | |
| teachers. | | lated assistant to LEAs in which the Leasuries | | |
| | | elated services to LEAs in which the learning | | |
| environment has been disrupted due to a violent or traumatic consequences related to 9/11/01. 5. Costs must be in addition to costs the LEA would have incurred in the absence of the attacks. | | | | |
| 6. If services are provided by public service agencies, the allowable costs and services are only those that are | | | | |
| supplemental to those that are funded/provided. | | | | |
| The funds will be used for activities and costs that are reasonable, necessary, essential and are intended to restore a sense of safety and security; activities intended to assist the victims/students in understanding the dynamics of | | | | |
| victimization and stabilize their liv | victimization and stabilize their lives; and activities that assist LEAs in managing the practical problems created by | | | |
| the traumatic events that have produced an undue hardship upon the LEA. | | | | |
| 8. The applicant shall retain none of the funds for administrative or any other purposes.9. In accordance with EDGAR, 34 CFR Part 76.708, LEAs may begin to obligate funds on the later of the following | | | | |
| dates: | 71 TO T GIT 70.700, EL7.0 May be | girt to obligate farido off the later of the following | | |
| the beginning of the project proj | period (September 11, 2001), se | ubject to the receipt of the federal award by the | | |
| the date that the application | is received by NJDOE in substa | | | |
| | | omplete for those funds for which the district has | | |
| applied and that the applicant agency has authorized me, as its representative, to give the above assurances and to submit this application. | | | | |
| ине арриоаноп. | | | | |
| Total News of Obj. (O.) | 0.000 | - I A decirio de decirio de la companya della companya de la companya de la companya della compa | | |
| Typed Name of Chief School Administrat | or Signature of Chief Sch | ool Administrator Date | | |



New Jersey Department of Education **Project SERV Grant Application** Fiscal Year 2002 **Service Plan**

| LEA: | County: | | Project Code: SERV 02 | |
|---|---|---|---|---|
| USE OF FUNDS Check all [] Mental Health [] Technical Assistance | that apply: [] Overtime of Teachers [] Transportation and other costs | [] Substitute Teachers [] Temporary Security | [] Emergency Transporta [] Hate Crimes | tion []Other |
| TARGET PO | PULATION | ACTIVITIES | TIME PERIOD | CHECK (~) IF ACTIVITY ALREADY OCCURRED |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |

Use additional sheets, as needed.



New Jersey Department of Education **Project SERV**

Grant Application Fiscal Year 2002

BUDGET SUMMARY

| LEA: | County: | Project Code: SERV- | -02 |
|------|---------|---------------------|-----|
| LCA: | County: | Project Code: SERV | 02 |

| EXPENDITURE CATEGORY | FUNCTION & OBJECT CODES | Project SERV |
|--|-------------------------|--------------|
| INSTRUCTION Personal Services - Salaries | 100-100 | |
| Purchased Prof. & Tech. Services | 100-300 | |
| Other Purchased Services | 100-500 | |
| General Supplies | 100-600 | |
| Other Objects | 100-800 | |
| SUBTOTAL INSTRUCTION | | |
| SUPPORT SERVICES Personal Services - Salaries | 200-100 | |
| Personal Services-Employee Benefits | 200-200 | |
| Purchased Prof. & Tech Services | 200-300 | |
| Purchased Prof -Ed. Serv. | 200-320 | |
| Purchased Property Serv. | 200-400 | |
| Other Purchased Services | 200-500 | |
| Travel | 200-580 | |
| Supplies and Materials | 200-600 | |
| Other Objects | 200-800 | |
| Indirect Costs | 200-860 | |
| SUBTOTAL-SUPPORT SERVICES | | |
| Fac. Acq. & Construction Serv. – Buildings | 400-720 | |
| Instructional Equipment | 400-731 | |
| Noninstuctional Equipment | 400-732 | |
| SUBTOTAL-FACILITIES ACQ. & CONSTRUCTION SERVICES | | |
| Schoolwide Programs: Abbott | 520-930 | |
| Schoolwide Programs: Non-Abbott | 520-932 | |
| TOTAL PROJECT EXPENDITURES | | |



New Jersey Department of Education Project SERV Grant Application Fiscal Year 2002

BUDGET DETAIL

| LEA: | County: | Pr | roject Code: SERV0 |
|---------------------------|-------------------------|-----------------|----------------------------------|
| | EXPENDITURE CATEGORIES | Project SERV | JUSTIFICATION FROM PROGRAM PLAN |
| Function/ Object Codes | Description/Itemization | Itemized Budget | Target Population/Activities |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTALS: | | | |
| LEA-Business A | dministrator Signature: | Date: | Use additional sheets, if needed |